MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46

05874

CERTIFICATE OF DEATH

Reg. Diat. No. 61

1. PLACE OF DEATH:
County: Caroline
City or town: Greensboro
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 Months
Hospital, institution, or street address where death occurred: ✓
How long in hospital or institution? ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Caroline
City or town: Greensboro
(If outside city or town limits, write RURAL and give nearest town)
Street No. ✓
(If rural, give LOCATION)
2.(a) If veteran, name war: ✓

3.(a) FULL NAME: John Coard

3.(b) Social Security Number: ✓

4. Sex: Male
5. Color or race: Col.
6.(a) Single, married, widowed, or divorced: Married
6.(b) Name of husband or wife: Janie
6.(c) If alive, give age: 59 years
7. Birth date of deceased (mo., day, yr.): June 5, 1886
8. AGE: Years: 61 Months: 1 Days: 17 If less than one day: ... hrs. ... min.
9. Birthplace: Watsville, Va. (Town, county, and state)
10. Usual occupation: Preacher
11. Industry or business: ✓
FATHER
12. Name: Joseph Coard
13. Birthplace: Va.
MOTHER
14. Maiden name: Mary No Record
15. Birthplace: Va.
16. Informant: Mrs. Janie Coard
Address: Greensboro, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 7/25/47 (month) (day) (year)
Cemetery or crematory: Watcoat
Location: Watsville, Va.
18. Funeral director: Raymond B. Rawlings
Address: Greensboro, Md.
19. July 24 1947 L. MacPherson Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 22 1947 at 4 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 15 1947 to July 22 1947 and that I last saw h... alive on July 22 1947

	DURATION
Immediate cause of death: Carcinoma of Colon	1 yr.
Due to:	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations: ... Date of op. ...
Autopsy results: ...
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ... Date of ...
Where did injury occur? ... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ...
Means of injury: ... Injured at work?

23. SIGNATURE: Chas. H. Stevens Jr. M.D.
M. D. or Coroner
Address: Greensboro Md. Date signed: July 24 1947

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 50

CERTIFICATE OF DEATH

05875

Reg. Diat. No. 62

1. PLACE OF DEATH:

County: Caroline

City or town: Denton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Caroline

City or town: Denton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Mary M. Cochran

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	widowed

6.(b) Name of husband or wife: Jacob S. C. Cochran

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): July 29, 1866

8. AGE: Years: 80 | Months: 11 | Days: 27 | If less than one day: ..... hrs. ..... min.

9. Birthplace: Newark, Delaware (Town, county, and state)

10. Usual occupation: Nurse

11. Industry or business

FATHER

12. Name: William R. Reynolds

13. Birthplace: Delaware

MOTHER

14. Maiden name: Martha C. Rathmell

15. Birthplace: Delaware

16. Informant: Mrs. Wilmer Parker

Address: Denton, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 28, 1947 (month) (day) (year)

Cemetery or crematory: Middletown

Location: Middletown, Delaware

18. Funeral director: J. Virgil Innerston

Address: Denton, Maryland

19. 7/26 1947 (Date rec'd by registrar) Wm. O. George Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 25 1947 at 6 15 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 1944 to July 25 1947 and that I last saw h[illegible] alive on July 25 1947

	DURATION
Immediate cause of death	
Due to Carcinoma of Breast	2 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Lawson D. George M. D. or other

Address: Denton Date signed 7/26/47

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 88a

05876

CERTIFICATE OF DEATH

Reg. Diat. No. 62

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:

County: Caroline

City or town: Near Hillsboro

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Caroline

City or town: Near Hillsboro

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME James Henry Corbin

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	unmarried

6.(b) Name of husband or wife: Blanche W. Corbin

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): September [?] 1855

8. AGE: Years	Months	Days	If less than one day
91	10	?	hrs. min.

9. Birthplace: Virginia (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER 12. Name: Unknown

13. Birthplace

MOTHER 14. Maiden name: Unknown

15. Birthplace

16. Informant: Caroline Co. Welfare Board

Address: Denton, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 30, 1947 (month) (day) (year)

Cemetery or crematory: Denton Colored

Location: Denton, Maryland

18. Funeral director: J. Virgil Moore & Son

Address: Denton, Maryland

19. 7/30 1947 (Date rec'd by registrar) Wm. D. George Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1947 at 4 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 10 1946 to July 29 1947

and that I last saw h.. alive on July 29 1947

Immediate cause of death: Cerebral Hemorrhage — DURATION: 1 week

Due to: Hypertension — DURATION: ?

Due to: — DURATION:

Other conditions — DURATION:

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: H. L. Small M.D. M. D. or other

Address: Denton Md. Date signed 7-30-47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

CERTIFICATE OF DEATH

05877

Reg. Dist. No. 60

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:
County: Caroline
City or town: Goldsboro Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 35 yrs.
Hospital, institution, or street address where death occurred: —
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Caroline
City or town: Goldsboro Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No. —
(If rural, give LOCATION)
2.(a) If veteran, name war —

3. (a) FULL NAME: Sadie Virginia Foreman

3. (b) Social Security Number: —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	Col.	Married

6.(b) Name of husband or wife: Perry
6.(c) If alive, give age: 72 years
7. Birth date of deceased (mo., day, yr.): Jan. 17 - 1881

8. AGE:

Years	Months	Days	If less than one day
66	6	8	hrs. min.

9. Birthplace: Queen Annes, Md. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: —

FATHER
12. Name: Louis Savage
13. Birthplace: Maryland

MOTHER
14. Maiden name: Tirby Downes
15. Birthplace: Maryland

16. Informant: James Foreman
Address: Goldsboro Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7/29/47 (month) (day) (year)
Cemetery or crematory: Roseville
Location: Near Centerville, Md.

18. Funeral director: Raymond B. Rawlings
Address: Greensboro, Md.

19. 7/29 19 47 A. C. Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 25 19 47 at 4:55 A. M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from July 17 19 47 to July 25 19 47 and that I last saw her alive on July 24 19 47

Immediate cause of death	DURATION
Chronic Myocarditis	
Due to Arteriosclerosis.	
Due to Vascular Disease	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: —
Date of op. —
Autopsy results: —
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work?

23. SIGNATURE: Oscar K. Greenwood M. D.
Address: Greensboro Md
Date signed: 7/26 1947

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 96

05878

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:
County: Caroline
City or town: Federalsburg
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 13 yrs
Hospital, Institution, or street address where death occurred:
Academy Ave.
How long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Caroline
City or town: Federalsburg
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: no

3.(a) FULL NAME Joseph L. Harris

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	married

6.(b) Name of husband or wife: Catherine C. Harris
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): November 25, 1874

8. AGE:	Years	Months	Days	If less than one day
	72	7	16	hrs. min.

9. Birthplace: Murphysboro, N.C.
(Town, county, and state)
10. Usual occupation: Book-keeper
11. Industry or business: "

FATHER
12. Name: Peter Harris
13. Birthplace: N.C.

MOTHER
14. Maiden name: Sarah "
15. Birthplace: N.C.

16. Informant: Mrs. W. L. Harris
Address: Federalsburg, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 14, 1947 (month) (day) (year)
Cemetery or crematory: Hillcrest Cemetery
Location: Federalsburg, Md.
18. Funeral director: Harry Williams
Address: Federalsburg, Md.

19. July 14 1947 (Date rec'd by registrar) Everett Nuttle Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 11th 1947 at 5-15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr. 29 1936, to July 11 1947 and that I last saw h.l.v.n. alive on July 10th 1947

	DURATION
Immediate cause of death: Ruptured Aneurism of Abdominal Aorta	unknown
Due to: Duration of Aneurism	
Due to: 1936 - Cause never established - 8/27/47 - OS	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: W. L. Lyman M.D.
M. D. or other
Address: Federalsburg Md Date signed: 7/12/47

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 85

CERTIFICATE OF DEATH

05879

Reg. Dist. No. 60

1. PLACE OF DEATH:
County: Caroline
City or town: Marydel (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 yrs
Hospital, institution, or street address where death occurred: ✓
How long in hospital or institution? ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Maryland County: Caroline
City or town: Marydel (If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2.(a) If veteran, name war: ✓

3.(a) FULL NAME Lola Burt Gibbs

3.(b) Social Security Number ✓

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	Col.	Married

6.(b) Name of husband or wife: E Elwood
6.(c) If alive, give age: 61 years

7. Birth date of deceased (mo., day, yr.): Nov. 3, 1886

8. AGE: Years	Months	Days	If less than one day
60	8	18	..... hrs. ..... min.

9. Birthplace: Marydel Caroline Md. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: ✓

FATHER
12. Name: Robert Burt
13. Birthplace: Maryland

MOTHER
14. Maiden name: Rebecca Bordley
15. Birthplace: Maryland

16. Informant: E Elwood Gibbs
Address: Marydel, Md.

17. (Burial, cremation, or removal. Which?) Burial Date thereof (month) (day) (year) 7/24/47
Cemetery or crematory: M.E. Zion
Location: Rear Marydel, Md.

18. Funeral director: R. B. Rawlings
Address: Greensboro Md.

19. (Date rec'd by registrar) 7/22 19 47 A. C. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 21 19 47 at 10 50A M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7/20 19 47 to 7/21 19 47 and that I last saw her alive on 7/21 19 47

Immediate cause of death	DURATION
(a) Uremia Edema	6 hrs
Due to: (b) Epileptiche Status	36 hrs.
Due to: (c) Idiopathic Epilepsy	Both Years
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....
Autopsy results: .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: H. J. Silver M. D. or other
Address: Goldsboro Md. Date signed 7/22/47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Ins correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05880

Reg. Dist. No. 60

1. PLACE OF DEATH:

County: Caroline

City or town: Henderson

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 65 Yrs.

Hospital, institution, or street address where death occurred: ✓

How long in hospital or institution? ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Henderson

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION) ✓

2.(a) If veteran, name war

3.(a) FULL NAME: Zula E. Hooden

3.(b) Social Security Number: ✓

4. Sex: F.

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Floyd

6.(c) If alive, give age: 70 years

7. Birth date of deceased (mo., day, yr.): April 3 - 1882

8. AGE: Years: 65 Months: 3 Days: 26 If less than one day: hrs. min.

9. Birthplace: Willow Grove, Del. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: ✓

FATHER 12. Name: Hanson C. Hooden

13. Birthplace: Del.

MOTHER 14. Maiden name: Sarah Moore

15. Birthplace: Del

16. Informant: Floyd Hooden

Address: Henderson Md.

17. Burial (Burial, cremation, or removal? Which?) Date thereof 7/31/47 (month) (day) (year)

Cemetery or crematory: Greensboro

Location: Greensboro, Md.

18. Funeral director: R. B. Rawlings

Address: Greensboro Md.

19. 7/30 1947 (Date rec'd by registrar) A. C. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 29 1947 at 6 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1932 19.. to July 29 1947 and that I last saw her alive on 7/25 1947

	DURATION
Immediate cause of death: Heart Failure	7 Days
Due to: Diabetes & Tuberculosis	15 yr
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: C. D. Selver M. D. or other

Address: Goldsboro Md. Date signed 7/30

VS A15 9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

932

05881

Reg. Dist. No. 62

1. PLACE OF DEATH:

County: Caroline

City or town: Near Greensboro Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 45 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Near Greensboro
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Hallie L. Harvey

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W.	Widow

6.(b) Name of husband or wife: Geo. T. Harvey (Dec'd)

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Aug. 29th 1866

8. AGE: Years: 80 | Months: 10 | Days: 8 | If less than one day: hrs. min.

9. Birthplace: New Trenton Md.
(Town, county, and state)

10. Usual occupation: At Home

11. Industry or business:

FATHER
12. Name: William Sawyer
13. Birthplace: Maryland

MOTHER
14. Maiden name: Mary Jane Fisher
15. Birthplace: Delaware

16. Informant: William R. Sawyer
Address: R.1 Greensboro, Md.

17. Buried (Burial, cremation, or removal. Which?) Date thereof 7-9-47 (month) (day) (year)
Cemetery or crematory: Greensboro Cemetery
Location: Greensboro, Near Md.

18. Funeral director: J. Virgil Tudor & Son
Address: Denton Md.

19. 7/9 (Date rec'd by registrar) 1947 Wm. A. George Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 7 1947, at 3 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1943, to July 7 1947
and that I last saw h[illegible] alive on July 7 1947

Immediate cause of death	DURATION
Cyanosis Myocarditis	3 yrs
Due to Chronic Bronchitis	15 yrs
Due to Arteri Sclerosis	10 yrs
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Dewson L. George M. D. or other

Address: Denton Date signed 7/9/47

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92d

05882

CERTIFICATE OF DEATH

Reg. Diat. No. 60

1. PLACE OF DEATH:
County: Caroline
City or town: Marydel
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death: 35 yrs.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Caroline
City or town: Marydel
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Watson Fredrick Jarman

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife: Mary
6.(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): Oct. 22, 1874

8. AGE: Years	Months	Days	If less than one day
72	8	28	hrs. min.

9. Birthplace: Marydel, Caroline, Md.
(Town, county, and state)
10. Usual occupation: Blacksmith
11. Industry or business:
FATHER 12. Name: George Jarman
13. Birthplace: Del.
MOTHER 14. Maiden name: Hester Moore
15. Birthplace: Del.
16. Informant: Thomas Jarman
Address: Clayton, Del.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 7/23/47 (month) (day) (year)
Cemetery or crematory: Odd Fellows
Location: Camden, Del.
18. Funeral director: P. B. Rawlings
Address: Greensboro, Md.
19. 7/22 1947 (Date rec'd by registrar) D. Clark Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 20 1947, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1947 to 7/20 1947 and that I last saw him alive on 7/16 1947

Immediate cause of death	DURATION
Heart Failure	
Due to: Organic Heart Valvular	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: N. D. Dalon M. D. or other
Address: Goldsboro Md. Date signed 7/22/47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

05883

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County Caroline

City or town Rural, Denton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 mo

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Denton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Rosie Lee Tester

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	widowed

6.(b) Name of husband or wife Robert M Tester

6.(c) If alive, give age ——— years

7. Birth date of deceased (mo., day, yr.) June 12, 1876

8. AGE:

Years	Months	Days	If less than one day
71	1	11	...hrs. ...min.

9. Birthplace Farmington, Delaware (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name [Unknown] Wheeler

13. Birthplace Delaware

MOTHER

14. Maiden name Georgia Smith

15. Birthplace Delaware

16. Informant Mrs. Ralph Dill

Address Denton, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 27 1947 (month) (day) (year)

Cemetery or crematory Denton

Location Denton, Maryland

18. Funeral director J. Virgil Moore & Son

Address Denton, Maryland

19. 7/23 1947 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1947, at 11:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 27 1936 to July 23 1947

and that I last saw h.. alive on June 18 1947

Immediate cause of death	DURATION
Arteriosclerotic heart disease	11 years
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S Paul Watts M.D.

M. D. or other

Address Denton Md Date signed 7/24/47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M


RECEIVED
JUL 31 1947
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83C

05884

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:
County: Caroline
City or town: (Burrsville) Denton R.D.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 14 months
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Delaware County: Caroline
City or town: Denton - Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Near Burrsville
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: John Engle Palmer

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, ~~widowed, or divorced~~
Male	White	Married

6.(b) Name of ~~husband~~ or wife: Margaret N. Palmer
6.(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): Feb-9-1879

8. AGE: Years: 68 | Months: 4 | Days: 24 | If less than one day: hrs. min.

9. Birthplace: Chester, Pennsylvania (Town, county, and state)
10. Usual occupation: Retired Railroad Employee
11. Industry or business:
12. FATHER — Name: Frank R. Palmer
13. FATHER — Birthplace: Chester, Pa.
14. MOTHER — Maiden name: Fannie L. Hutchison
15. MOTHER — Birthplace: Chester, Pa.
16. Informant: Mrs. Margaret N. Palmer
Address: Denton Maryland
17. Burial (Burial, ~~cremation~~, or removal. Which?) Date thereof July 5 1947 (month) (day) (year)
Cemetery or ~~crematory~~: Eglington Cemetery
Location: Clarkes Pond, Md.
18. Funeral director: (Mrs.) F. H. Bassett
Address: Harrington, Delaware
19. 7/4 1947 (Date rec'd by registrar) Mrs. C. George Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 3, 1947, at 5:15 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6-22- 1947, to 7-3- 1947
and that I last saw h... alive on 7-3- 1947

	DURATION
Immediate cause of death: Cerebral Embolism	24 hrs
Due to: General Arteriosclerosis	10 yrs
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

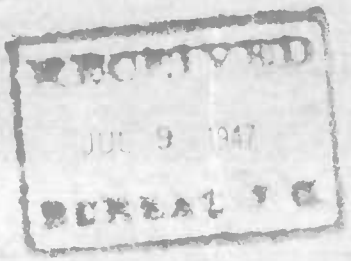
22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: George M. White M.D.
M. D. or other
Address: Ridgely Date signed 7/3/47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15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JUL 9 1947
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

CERTIFICATE OF DEATH

05885

Reg. Dist. No. 61

1. PLACE OF DEATH:

County: Caroline

City or town: Greensboro Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 days

Hospital, institution, or street address where death occurred: ✓

How long in hospital or institution? ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Greensboro Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3.(a) FULL NAME

David Henry ~~Baby~~ Ross (Colored) 7/8/47

3.(b) Social Security Number ✓

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	W	

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): July 5, 1947

8. AGE: Years | Months | Days: 2 | If less than one day: ..... hrs. ..... min.

9. Birthplace: Greensboro, Caroline Co., Md. (Town, county, and state)

10. Usual occupation: Infant

11. Industry or business

FATHER

12. Name: Wm. ~~Edward~~ Everett Ross

13. Birthplace: Bridgetown, Md.

MOTHER

14. Maiden name: Mary Catherine Nutt

15. Birthplace: Milford, Delaware

16. Informant: Williams, Ross

Address: Greensboro, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7/7/47 (month) (day) (year)

Cemetery or crematory: Ridgely

Location: Ridgely, Md.

18. Funeral director: R. B. Rawlings

Address: Greensboro, Md.

19. July 7 1947 (Date rec'd by registrar) L. Mae Peppin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 7 1947 at 6:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 5 1947 to July 7 1947 and that I last saw h.i.m. alive on July 5 1947

Immediate cause of death	DURATION
Premature Infant	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: George M. Whitmore M. D. or other

Address: Ridgely Date signed 7/8/47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83a

CERTIFICATE OF DEATH

05886

Reg. Diat. No. 62

1. PLACE OF DEATH:

County: Caroline

City or town: Denton, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 yr

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Baltimore wyt BC

City or town: Baltimore, Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No. 16 Englewood Rd.
(If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME: Katie Hunt Stone

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	widowed

6.(b) Name of husband or wife: Edw. Daniel Stone

6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): Nov 17, 1869

8. AGE: Years: 77 | Months: 7 | Days: 27 | If less than one day: hrs. min.

9. Birthplace: Baltimore, Baltimore Co., Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: Richard E. Hunt
13. Birthplace: Md.

MOTHER
14. Maiden name: Katharine Balvis
15. Birthplace: Accomac, Va.

16. Informant: Dr. Edw. D. Stone, Jr.
Address: #10 Englewood Rd, Balti, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 18, 1947 (month) (day) (year)

Cemetery or crematory: Loudon Park

Location: Baltimore, Md.

18. Funeral director: Nana Burgee

Address: 3621 Falls Rd, Balti, Md.

19. 7/14 1947 (Date rec'd by registrar) Mrs L Jones Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 14, 1947 1947 at 5:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1947, to July 14 1947 and that I last saw her alive on July 14 1947

Immediate cause of death	DURATION
Due to: Cerebral Hemmhage	5 days
Due to:	
Other conditions: Arteriosclerosis	10 yrs

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Lauron D. George M.D. or other

Address: Denton Date signed: 7/14/47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05887

93d

6d

Reg. Diat. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:

County: Caroline

City or town: Templeville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 yrs.

Hospital, institution, or street address where death occurred: ~

How long in hospital or institution? .....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Templeville

(If outside city or town limits, write RURAL and give nearest town)

Street No. ~

(If rural, give LOCATION)

2.(a) If veteran, name war: ~

3. (a) FULL NAME: Emma Virginia Walls

3. (b) Social Security Number: ~

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	White	Widowed

6.(b) Name of husband or wife: Walter Walls

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Aug. 27, 1870

8. AGE:

Years	Months	Days	If less than one day
76	10	19	..... hrs. ..... min.

9. Birthplace: Queen Annes Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: ~

FATHER

12. Name: Richard Merchant

13. Birthplace: Maryland

MOTHER

14. Maiden name: Elenor VanSant

15. Birthplace: Maryland

16. Informant: Lena J. Walls

Address: Templeville Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7/19/47 (month) (day) (year)

Cemetery or crematory: Templeville

Location: Templeville, Md.

18. Funeral director: Raymond B. Rawlings

Address: Greensboro, Md.

19. 7/18 19 47 acSmith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 16 1947 at 11 (about) P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1940 to July 16 1947 and that I last saw h.m alive on July 16 1947

	DURATION
Immediate cause of death: Found dead in Bed	
Due to: Senility Probably due to	
Coronary Occlusion	
Due to:	
Other conditions: Chron. Hypertrophied	
& Calcified Sclerosis	

(Include pregnancy within 3 months of death)

Major findings of operation: .....

Date of op. .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: No. Date of: ~

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ~ Injured at work? ~

23. SIGNATURE: C M Metcalfe M. D. or other

Address: Centreville Md. Date signed: 7/17/47